

Volenski, Dina

020719 Emma

**From:** Jeran Ulrich <Jeran.Ulrich@cityofwoodland.org>  
**Sent:** Thursday, February 07, 2019 8:00 AM  
**To:** Will, Gina  
**Subject:** RE: EMMA Reimbursement Document Request  
**Attachments:** EMMA Town of Paradis MOA- SIGNED.pdf; FEMA\_Cost\_Summary\_Worksheets.xlsx; Richter ICS 214's.pdf; Resource Request- Richter PIO.pdf

Hello Gina,

Attached is a copy of the signed MOA, FEMA cost worksheet, Resource Request and the ICS 214's for Emily Richter who was deployed to the Camp Fire as a PIO from 11/13-19/2018. Hard copies will be going out in the mail today.

Please let me know if any additional documentation is required.

Thank you,  
Jeran

### Jeran Ulrich



Management Analyst, Woodland Fire Department

**Address** 1000 Lincoln Ave Woodland, CA 95695

**Phone** 530-661-5875 **Fax** 530-662-5781

**Email** [jeran.ulrich@cityofwoodland.org](mailto:jeran.ulrich@cityofwoodland.org)

**Website** [www.woodlandfire.org](http://www.woodlandfire.org) 

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**From:** Will, Gina <gwill@townofparadise.com>

**Sent:** Tuesday, January 22, 2019 5:00 PM

**To:** bjonson@cityofwestsacramento.org; Brentt Blaser <Brentt.Blaser@sonoma-county.org>; Cantelmes@sacoes.org <Cantelmes@sacoes.org>; carriecruz@oes.sbcounty.gov <carriecruz@oes.sbcounty.gov>; clairec@cityofwestsacramento.org <clairec@cityofwestsacramento.org>; dlanni@do.humboldt.ca.us <dlanni@do.humboldt.ca.us>; Elizabeth.Bessman@sfgov.org <Elizabeth.Bessman@sfgov.org>; flynnm@sacoes.org <flynnm@sacoes.org>; garmstrong@kerncountyfire.org <garmstrong@kerncountyfire.org>; Jay.McAmis@oes.sccgov.org <Jay.McAmis@oes.sccgov.org>; jennifer.lee@yolocounty.org <jennifer.lee@yolocounty.org>; Jeran Ulrich <Jeran.Ulrich@cityofwoodland.org>; jgulserian@co.nevada.ca.us <jgulserian@co.nevada.ca.us>; manderson@ocsd.org <manderson@ocsd.org>; RAnderson@cityofsantacruz.com <RAnderson@cityofsantacruz.com>; Robyn.Rains@solanocounty.org <Robyn.Rains@solanocounty.org>; tlangdon@acgov.org <tlangdon@acgov.org>; Tmeister@co.monterey.ca.us <Tmeister@co.monterey.ca.us>

**Subject:** EMMA Reimbursement Document Request

Good Afternoon.

We would like to thank you and the personnel from your jurisdiction for providing assistance to the Town of Paradise Emergency Operations Center during the 2018 Camp Fire. We sincerely apologize for the delayed email.

We are currently working with Cal-OES and FEMA to develop our Public Assistance claim. As you may know, EMMA personnel are eligible for reimbursement under the State of California Emergency Management Mutual Aid Plan

(EMMA). The following documents are required for reimbursement under EMMA. We would really appreciate if you could submit the required documents to Gina Will via [gwill@townofparadise.com](mailto:gwill@townofparadise.com) by Mach 15, 2019.

- 1) Attached is the Memorandum of Agreement (MOA). Please review and email a soft copy of the signed agreement to Gina Will via [gwill@townofparadise.com](mailto:gwill@townofparadise.com), and mail two hard copies of the signed agreement to:

Gina Will, Administrative Services Director  
5555 Skyway,  
Paradise, CA 95969

We will return a signed and executed agreement for your records.

- 2) Please have the staff deployed to our EOC provide the following required documentation. We may have received the following documents earlier. However, if possible, please resend them to help us maintain a complete record.

- ☐ *EMMA Form 1A and 1B – EMMA Resource Request* with EMMA request number  
and Assignment 1B provides candidate information (Usually all one form packet.
- ☐ *EMMA Form 3 – Voluntary Performance Rating* (optional);
- ☐ *EMMA Form 4 – Exit Survey*;
- ☐ *EMMA Form 5 – Individual Demobilization Checkout*);
- ☐ *ICS 226 – Personnel Performance Rating* used for Cal OES Credentialing (optional);
- ☐ *Individual Activity Logs (ICS 214) per operational period*;
- ☐ *Timesheets tracking hours worked by operational period* (inclusive of payment vouchers and general ledgers);
- ☐ *Transportation and/or other receipts such as: meals, lodging, mileage, rentals, etc.*

- 3) Please fill out the attached Excel Spreadsheet titled: *FEMA\_Cost\_Summary\_Worksheets*.

This Excel File will help to streamline the tracking and reporting of costs for reimbursement.

If you have any questions, please contact: Gina Will via [gwill@townofparadise.com](mailto:gwill@townofparadise.com)

Again, the Town of Paradise thanks you for your assistance.

Regards,  
Gina

Gina S. Will  
Administrative Services Director/Town Treasurer  
Town of Paradise  
5555 Skyway  
Paradise, CA 95969-4931  
(530) 872-6291 ext 119  
[gwill@townofparadise.com](mailto:gwill@townofparadise.com)

## **PRE/POST-EVENT AGREEMENT**

### **MEMORANDUM OF AGREEMENT (MOA) BETWEEN THE CITY OF WOODLAND (PROVIDING AGENCY/JURISDICTION) AND THE TOWN OF PARADISE PERTAINING TO ASSISTANCE PROVIDED UNDER THE EMERGENCY MANAGEMENT MUTUAL AID (EMMA) PLAN**

*NOTE: Use of such an agreement does not guarantee state or federal reimbursement.*

**WHEREAS**, this event and associated conditions will collectively be referred to as the Camp Fire; and

**WHEREAS**, on November 08, 2018, this declared emergency event consists of fire and damages associated with response; and

**WHEREAS**, the following extreme conditions existed including, unpredictable winds, low humidity and drought which aided the Camp Fire that has swept through the Town of Paradise killing at least 88 people, burning thousands of acres, and destroying thousands of homes and businesses, power poles, public buildings and infrastructure, public safety communications and telephone lines; and

**WHEREAS**, on November 08, 2018 the Federal Emergency Management Agency (FEMA) announced that federal disaster assistance has been made available to the state of California to supplement local response and recovery efforts in the areas affected by wildfires and the associated; and

**WHEREAS**, the Emergency Management Mutual Aid Plan delineates the current state policy concerning Emergency Management Mutual Aid; and

**WHEREAS**, the Emergency Management Mutual Aid Plan describes the standard procedures used to acquire emergency management mutual aid resources and the method to ensure coordination of emergency management mutual aid planning and readiness; and

**WHEREAS**, the city emergency manager is the Operational Area Emergency Management Mutual Aid Coordinator; and

**WHEREAS**, Emergency Management Mutual Aid Plan provides, in pertinent part, "When an emergency develops or appears to be developing which cannot be resolved by emergency management resources within an Operational Area, it is the responsibility of the Operational Area Mutual Aid Coordinator to provide assistance and coordination to control the problem;" and

**WHEREAS**, the Emergency Management Mutual Aid Plan provides, in pertinent part, "A request for emergency management mutual aid requires the approval of an authorized official of the requesting jurisdiction;" and

**WHEREAS**, the Emergency Operations Director of the Town of Paradise requested the mutual aid assistance of the City of Woodland (Providing Agency/Jurisdiction), pursuant to the Emergency Management Mutual Aid Plan to provide emergency management support in connection with the Camp Fire; and

**WHEREAS**, the City of Woodland (Providing Agency/Jurisdiction) provided emergency management mutual aid consisting of emergency management personnel, equipment, and/or materials from November 13-19, 2018 to assist with emergency management services in connection with the Camp Fire; and

## PRE/POST-EVENT AGREEMENT

**WHEREAS**, the City of Woodland (*Providing Agency/Jurisdiction*) agrees to document all of its mutual aid assistance costs related to the Camp Fire as attachments to this MOA and submit to the Town of Paradise as soon as practicable;

**NOW, THEREFORE, IT IS HEREBY AGREED** by and between the Town of Paradise and the City of Woodland (*Providing Agency/Jurisdiction*) that the Town of Paradise shall reimburse all reasonable costs associated with the City of Woodland's (*Providing Agency/Jurisdiction*) emergency management mutual aid assistance during the Camp Fire.

### Providing Jurisdiction

By \_\_\_\_\_

(Signature)

Name: Rebecca Ramirez

Title: Fire Chief

County: Yolo

Date: 2/4/2019

### Providing Agency (If different from Providing Jurisdiction)

By \_\_\_\_\_

(Signature)

Name:

Title:

Agency:

Date:

### Requesting Jurisdiction

By \_\_\_\_\_

(Signature)

Name: Lauren Gill

Title: EOC Director

City: Town of Paradise

Date:

### DEFINITIONS

**Authorized Official:** A person with expressed authority by a legal governing body to request resources, authorize purchases, and/or enter into contracts on behalf of a Requesting or Providing Jurisdiction during an emergency.

**EMMA Resource:** A person with a combination of training, experience and credentials that would serve in an ICS position, either in the field or an EOC, or as a technical specialist during an emergency response.

**Operational Area (OA):** An intermediate level of the state emergency services organization consisting of a county and all political subdivisions within the county area.

**Providing Agency/Jurisdiction:** The government entity providing EMMA resources. The different levels of providing jurisdictions include providing local jurisdiction, providing OA and providing region.

**Requesting Jurisdiction:** The government entity requesting EMMA resources. The different levels of requesting jurisdictions include requesting local jurisdiction, requesting OA and requesting region.

## COST SUMMARY RECORD

Applicant		FEMA ID		FEMA Disaster #		PW #	
City of Woodland							
Location/Site	GPS N	GPS W	CDA A ID		CDA A Disaster #		Category
Description of Work Performed:							
PIO for Camp Fire							
	Hours	Costs	Comments				
Force Account Labor: Regular Time	32.00	\$2,682.24					
Force Account Labor: Overtime	111.00	\$9,773.55	paid for 24 shifts, portal to portal per MOU				
Force Account Equipment	13.02	\$286.44					
Force Account Material		\$0.00					
Rental Equipment		\$0.00					
Travel		\$0.00					
Contracts		\$0.00					
Total	156.02	\$12,742.23					



**ACTIVITY LOG (ICS 214)** *-rewritten*

ICS 214, Page 1

## ACTIVITY LOG (ICS 214)

[illegible]

# ACTIVITY LOG (ICS 214)

1. Incident Name:

CAMP FIRE

2. Operational Period:

Date From: 11/15/18  
Time From: 11/15/19

Date To: 11/15/18  
Time To: 2000

3. Name:

EMILY RICHTER

4. ICS Position:

PIO - JIC

5. Home Agency (and Unit):

WOODLAND FIRE

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities
11/15 0645	JIC check in
0700	Ops briefing
0730	JIC coordination
0830	PIO TRAILER MEETING
0900-1000	JIC research, coordination for stories - EOC
1000-1200	community meeting prep w/ Red Cross
1200-1400	JIC coordination w/ EOC
1400-1700	press release coordination w/ JIC
1700-1800	Report back to EOC
1900-?	Town Hall Mtg

Drive time 100 min

8. Prepared by: Name:

E. Richter

Position/Title:

BC / FM

Signature:

*[Signature]*

ICS 214, Page 1

Date/Time: 11/15/18



## ACTIVITY LOG (ICS 214)

[illegible]

ICS 214

## ACTIVITY LOG (ICS 214)

Date/Time: 11/18/19



# EMMA

Incident: Master View - 2018 November Statewide Wildfires

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[Add Response](#)

[Print](#) [PDF](#)

## EMMA Form 1A - EMMA RESOURCE REQUEST

### TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3263

Incident Name: 2018 November Wildfires

Request Date / Time: 11/12/2018 17:44:53

Approved Mission / Tracking  
#:

### Requesting Jurisdiction Information

Requesting Jurisdiction Name: Town of Paradise

24 Hours Phone Number: 530-917-7618

EMMA Coordinator / Primary  
Point of Contact: Marc Mattox

Position / Title: EOC Director

Fax:

Phone:

E-Mail: marcmattox.pe@gmail.com

Alt Phone:

Alternate Point of Contact: Kate Anderson

Position / Title: Logs Chief

Fax:

Phone:

E-Mail:

Alt Phone:

### Resource Requested

Position: FILLED - PIO

Quantity: 3

Start Date/Time: 11/13/2018 08:00:00

End Date/Time: 11/25/2018 19:00:00

Shift: Day

Security Clearance: No

Tasks to be performed: Public Information.

Any special skills /  
certifications / licenses /  
credentials required? No

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):  
Laptop and cell phone. Video and/or livestream if available). EMMA ordered via post-event MOU/MOA.

### Check-in Location Information

Check-in Location Address: 901 Fir St. Chico

Latitude / Longitude: 27.886386 / -80.517367

24 Hour Phone Number: 530-917-7618

Point of Contact Name: Kate Anderson

Point of Contact Title: Logs Chief

Cell Phone:

Alt Phone:

E-Mail: kateanderson1@hotmail.com

### Expected Working Conditions

Special health or  
environmental concerns in  
the assignment area? Fire is still active. See CalFire sit rep for Camp incident.

Hardship living conditions  
(Lack of power or potable  
water, etc.)?

Special housing /  
transportation instructions:

### Providing Jurisdiction Information

[Edit Response](#)

Providing Jurisdiction Name: Yolo

24 Hour Phone Number: 5304008203

EMMA Coordinator /  
PRIMARY Point of Contact  
Name: Dana Carey

Position / Title: Emergency Manager

Fax:

Phone: 5304008203

Alt Phone:

E-Mail: dana.carey@yolocounty.org

Alternate Point of Contact  
(Optional):

Position / Title: Emergency Planner

Fax:

Phone: 5308673025

Alt Phone:

E-Mail: david.block@yolocounty.org

EMMA Resource Candidate



Name:	Emily Richter	Cell: 5304056539	Alt Phone:
E-Mail:	emily.richter@cityofwoodland.org	Available for the period specified in the corresponding EMMA Form 1A? Yes	
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	
Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions? Yes	
Experience / EOC Position Credentials:			
Special Skills / Certifications / Licenses:			
Originating Location (City and County):	Woodland		
Estimated travel time to check-in location:	5 hours		
Special accommodations required:			
Emergency Contact Name:			
Relationship:		Cell Phone:	Alt Phone:
Additional Comments			

Providing Jurisdiction Information			
Providing Jurisdiction Name:	Sacramento		
24 Hour Phone Number:			
EMMA Coordinator / PRIMARY Point of Contact Name:	Flynn, Mary Jo		
Position / Title:	Sacramento - OP AREA - LOG Section Chief	Phone: 916-508-5131	Alt Phone:
Fax:		E-Mail: flynnm@sacoes.org	
Alternate Point of Contact (Optional):	Matthew Hawkins		
Position / Title:		Phone: 916-545-4117	Alt Phone:
Fax:		E-Mail: hawkins@sacoes.org	
EMMA Resource Candidate			
	<input checked="" type="checkbox"/> This Candidate has been Accepted.		
Name:	Janna Haynes	Cell: 916-661-1950	Alt Phone:
E-Mail:		Available for the period specified in the corresponding EMMA Form 1A? No	
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	
Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions? Yes	
Experience / EOC Position Credentials:			
Special Skills / Certifications / Licenses:			
Originating Location (City and County):	Sacramento County		
Estimated travel time to check-in location:	2		
Special accommodations required:			
Emergency Contact Name:			
Relationship:		Cell Phone:	Alt Phone:
Additional Comments **NOTE** Availability through Saturday, November 17			

Providing Jurisdiction Information			
Providing Jurisdiction Name:	Sonoma		
24 Hour Phone Number:			
EMMA Coordinator / PRIMARY Point of Contact Name:	Sam Wallis		
Position / Title:	Sonoma - OP AREA - LOG Section Chief	Phone: 7076878724	Alt Phone:
Fax:		E-Mail: sam.wallis@sonoma-county.org	
Alternate Point of Contact (Optional):			
Position / Title:		Phone:	Alt Phone:
Fax:		E-Mail:	
EMMA Resource Candidate			
	<input checked="" type="checkbox"/> This Candidate has been Accepted.		
Name:	Jacob Bayless	Cell: 707-714-7184	Alt Phone:
E-Mail:	Jbayless@srcity.org	Available for the period specified in the corresponding EMMA Form 1A? Yes	
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	

Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions?	Yes
Experience / EOC Position			
Credentials:			
Special Skills /			
Certifications / Licenses:			
Originating Location (City and County):	Santa Rosa, Sonoma County		
Estimated travel time to check-in location:	4 hours		
Special accommodations required:	None		
Emergency Contact Name:			
Relationship:	Cell Phone:	Alt Phone:	
Additional Comments			

Providing Jurisdiction Information			
Providing Jurisdiction Name: San Francisco			
24 Hour Phone Number:			
EMMA Coordinator /			
PRIMARY Point of Contact Name: Elizabeth Bessman			
Position / Title:	San Francisco - OP AREA - LOG Resources (EF-07)	Phone: 415-676-9881	Alt Phone:
Fax:		E-Mail:	
Alternate Point of Contact (Optional):			
Position / Title:		Phone:	Alt Phone:
Fax:		E-Mail:	
EMMA Resource Candidate			
<input checked="" type="checkbox"/> This Candidate has been Accepted.			
Name:	Grace Gatpandan	Cell:	Alt Phone:
E-Mail:	grace.v.gatpandan@sfgov.org	Available for the period specified in the corresponding EMMA Form 1A? Yes	
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	
Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions? Yes	
Experience / EOC Position			
Credentials:			
Special Skills /			
Certifications / Licenses:			
Originating Location (City and County):	Martinez CA, Contra Costa County		
Estimated travel time to check-in location:	4 hours		
Special accommodations required:			
Emergency Contact Name:			
Relationship:	Cell Phone:	Alt Phone:	
Additional Comments			

Providing Jurisdiction Information			
Providing Jurisdiction Name: Solano			
24 Hour Phone Number: (707) 688-3399			
EMMA Coordinator /			
PRIMARY Point of Contact Name: Don Ryan			
Position / Title:	Solano - OP AREA - LOG Section Chief	Phone: 7077841600	Alt Phone: (707) 784-1616
Fax:	(707) 421-6383	E-Mail: dryan@solanocounty.com	
Alternate Point of Contact (Optional):			
Position / Title:		Phone:	Alt Phone:
Fax:		E-Mail:	
EMMA Resource Candidate			
Name:	Daniel C. Pratt	Cell: (707) 260-4570	Alt Phone:
E-Mail:	dcpratt@solanocounty.com	Available for the period specified in the corresponding EMMA Form 1A? No	
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	
Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions? Yes	
Experience / EOC Position			
Credentials:			
Special Skills /			
Certifications / Licenses:			

Originating Location (City and County):	Fairfield, Solano County	
Estimated travel time to check-in location:	3 Hours	
Special accommodations required:	None	
Emergency Contact Name:		
Relationship:	Cell Phone:	Alt Phone:
Additional Comments	Can provide support until midnight Nov 21, 2018. Candidate is ready to deploy and has extensive experience in austere locations. OA will look for replacement if needed after Nov 21. OA EM would like him to deploy for outside the county experience. He is a very effective PIO for the county and is well versed in social media. You want this PIO.	

[Back](#)

**Originated by:** tingersoll@buttecounty.net as Butte - OP AREA - LOG Section Chief  
**Originated date:** 11/12/2018 17:44:43  
**Last Edited by:** tingersoll@buttecounty.net as Butte - OP AREA - LOG Section Chief  
**Last Edited date:** 11/13/2018 19:23:06